



DE 14-378

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

December 19, 2014

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429



Dear Ms Howland,

Enclosed please find the application for the Keith Yeaton system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Keith Yeaton
143 Sanborn Hill
Epsom, NH 03234
603.369.9686
kyeaton73@aol.com

The Nepool GIS ID # for this facility is: NON45381. Also enclosed are the Simplified Process Interconnection Application and Service Agreement and the Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I ☐ Class II ☒ Check here ☒ if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Keith Yeaton Email Kyeaton73@aol.com
Address 143 Sanborn Hill City Epsom State NH Zip 03234
Telephone 603.369.9686 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Cell _____
Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	48	SunEdison F270	other		
Inverter	48	Enphase m250	other		
meter	1	AEE Solar CL200 204V 3W	other		

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 12.7 DC 12.0 AC

What was the initial date of operation (the date your utility approved the facility)? 11/3/14

- Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer
 Name Sunray Solar, LLC Contact Michael Fay License # (if applicable) n/a
 Address 249 Loudon Road City Concord State: NH Zip 03301
 Telephone 603.225.6001 email michael@spreadthesunshine.com

If the equipment was installed directly by the customer, please check here: ☐

- Provide the name and contact information of the equipment vendor.

☐ X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____
 Address _____ City _____ State _____ Zip _____
 Telephone _____ email _____

- If an independent electrician was used, please provide the following information. (*Sunray corporate electrician*)

Electrician's Name Shawn Marvel License # 13363M
 Business Name SunRay Solar, LLC Email kfirmanelectric@comcast.net

Address 249 Loudon Rd City Concord State NH Zip 03301

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Tom Kelly Natural Capital, LLC

Is the facility certified under another state's renewable portfolio standard? yes ☐ no ☒

If "yes", then provide proof of the certification as **Attachment C**.

- *Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.*
- *In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:*

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON45381 Asset ID # NON45381

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. (please see attached)

Applicant's Signature _____ Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

Notary Public/Justice of the Peace

My Commission Expires _____

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature



Date

12/15/2014

Applicant's Printed Name

Linda Modica

Subscribed and sworn before me this

15

Day of

December

(month) in the year


2014

County of

Morris

State of

New Jersey



Notary Public/Justice of the Peace

My Commission Expires

DULCE PINTO Notary Public State of New Jersey My Commission Expires Jan. 21, 2019 I.D.# 2381704
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- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	X
• Documentation of the distribution utility's approval of the installation.*	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	X
• A GIS number obtained from the GIS Administrator.	X
• The document has been printed and notarized.	X
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	X
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	X
<i>*Usually included in the interconnection agreement.</i>	

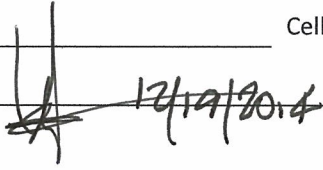
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here ☐ and skip this section.

PREPARER'S INFORMATION

Preparer's Name Linda Modica Email address: linda@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 973.879.7826 Cell _____

Preparer's Signature:  12/19/2014



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 9/2/14

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer Name (print): Keith Yeaton Contact Person, if Company: _____

Mailing Address: 143 Sanborn Hill Rd

City: Epsom State: New Hampshire Zip Code: 03234

Telephone (Daytime): (603) 369-9686 (Evening): _____

Facsimile Number: _____ E-Mail Address: kyeaton73@aol.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: SunRay Solar, LLC

Mailing Address: 249 Loudon Road

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): 603-225-6001 (Evening): _____

Facsimile Number: _____ E-Mail Address: justin@spreadthesunshine.com

Electrical Contractor Contact Information (if appropriate):

Name: Shawn Marvel Telephone: (603) 209-4364

Mailing Address: 79 Fish Hatchery Rd

City: Richmond State: New Hampshire Zip Code: 03470

Facility Information:

Address of Facility: 143 Sanborn Hill Rd

City: Epsom State: New Hampshire Zip Code: 03234

Electric Service Company: Unitil Account Number: 1104521-1069252 Meter Number: _____

Inverter Manufacturer: Enphase Model Name and Number: m250 Quantity: 48

Nameplate Rating: 12.0 (kW) _____ (kVA) _____ (AC Volts) Single ☒ or Three _____ Phase

System Design Capacity: 12.7 (kVA) _____ (kVA)

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No _____

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

UL 1741.1 (IEEE 1547.1) Listed? Yes ☒ No _____

Estimated Install Date: September Estimated In-Service Date: September

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: [Signature] Title: Homeowner Date: 9/5/14

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes _____ No _____ To be Determined _____):

Company Signature: _____ Title: _____ Date: _____

Company waives inspection/Witness Test? Yes _____ No _____



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

☐ Check if owner-installed

Customer(print): Keith Yeaton
Mailing Address: 143 Sanborn Hill Rd
City: Epsom State: New Hampshire Zip Code: 03234
Telephone (Daytime): (603) 369-9686 (Evening): _____
Facsimile Number: _____ E-Mail Address: kyeaton73@aol.com

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): Shawn Marvel
Mailing Address: 79 Fish Hatchery Rd
City: Richmond State: New Hampshire Zip Code: 03470
Telephone (Daytime): (603) 209-4364 (Evening): _____
Facsimile Number: _____ E-Mail Address: shawn@spreadthesunshine.com
License number: 13363 M

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Epsom
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): [Signature]

Name (printed): Matthew Mountain Epsom Fire Dept.

Date: 11-3-14.

As a condition of interconnection you are required to send/fax a copy of this form to:

Generator Interconnection Applications
Unitil
325 West Road
Portsmouth, NH 03801
Fax: 603-294-5226



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Exhibit C – Supplemental Review Agreement

This Agreement, dated 9/5/14, is entered into by and between (name, address) Kerik Yeaton 143 Sanborn Hill ("Interconnecting Customer") and the Company, for the purpose of setting forth the terms, conditions and costs for Epsom NH conducting a Supplemental Review relative to the Interconnection Process as defined in Section 1.0 and outlined in Section 3.0 of the Interconnection Standard. This Supplemental Review pertains to the interconnection application the Interconnecting Customer has filed for interconnecting a kVA Facility at (address of Facility).

If the Supplemental Review determines the requirements for processing the application including any System Modifications, then the modification requirements and costs for those modifications will be identified and included in a billing statement sent by the Company to the Interconnecting Customer for authorization and payment. If the Supplemental Review does not determine the requirements, it will include a proposed Impact Study Agreement as part of the Company's standard interconnection process which will include an estimate of the cost of the study.

The Interconnecting Customer agrees to provide, in a timely and complete manner, all additional information and technical data necessary for the Company to conduct the Supplemental Review not already provided in the Interconnecting Customer's application.

All work pertaining to the Supplemental Review that is the subject of this Agreement will be approved and coordinated only through designated and authorized representatives of the Company and the Interconnecting Customer. Each party shall inform the other in writing of its designated and authorized representative, if different than what is in the application.

The Company shall perform the Supplemental Review for a fee not to exceed \$1,250. The Company anticipates that the Supplemental Review will cost \$. No work will be performed until payment is received.

Please indicate your acceptance of this Agreement by signing below.

Kerik Yeaton
Interconnecting Customer